IDES

Continuance Request (Appeals)

		Dated:
Claimant ID/SSN:		
Docket No:		
A (Check One) (Hearing Pre-hearing conference) on the abo	ove reference Dock	et Number is scheduled for
, at , before (Check One) (Referee	Director's Repres	entative)
(Name of Referee/Director's Representative)		. In accordance with the
provision of 56 III. Adm. Code 2720.240 and 2725.245, the (Check One) (Claimant	Employer) hereby requests
that this (Check One) (Hearing Pre-hearing Conference) be continued to another date and time certain.		
The reason for this Continuance Request is:		
I certify that a copy of this Continuance Request was served on all parties.		
Signature (Claimant / Employer)		orney / Representative) For imant / Employer)

Illinois Department of Employment Security 33 South State Street 8th Floor Chicago, Illinois 60603-2802 www.ides.illinois.gov

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